

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 12, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Code 76000-WP for date of service September 3, 2002.

## **II. RATIONALE**

- CPT Code 76000-WP denied as “\*100 – Included in another billed procedure”. Per Texas Workers’ Compensation Commission Advisory 97-01 and CPT Descriptor, Fluoroscopy is not included in another billed procedure; therefore, submitted relevant information supports delivery of service. Reimbursement in the amount of \$110.00 is recommended (PC\$ \$22.00 + TC\$ \$88.00).

## **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 76000-WP in the amount of \$110.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$110.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf